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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1"> <tr><td>Application Number</td><td>See Attachment A</td></tr> <tr><td>Filing Date</td><td>See Attachment A</td></tr> <tr><td>First Named Inventor</td><td>See Attachment A</td></tr> <tr><td>Art Unit</td><td>See Attachment A</td></tr> <tr><td>Examiner Name</td><td>See Attachment A</td></tr> <tr><td>Attorney Docket Number</td><td>See Attachment A</td></tr> </table>	Application Number	See Attachment A	Filing Date	See Attachment A	First Named Inventor	See Attachment A	Art Unit	See Attachment A	Examiner Name	See Attachment A	Attorney Docket Number	See Attachment A
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Art Unit	See Attachment A												
Examiner Name	See Attachment A												
Attorney Docket Number	See Attachment A												

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: 75436 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number: 75436

OR

<input type="checkbox"/> Firm or Individual Name	Lisa M. Treannie, Esq. MORSE, BARNES-BROWN & PENDLETON, P.C.		
Address	Reservoir Place 1601 Trapelo Road, Suite 205		
City	Waltham		
Country	USA	State	MA
Telephone	781-822-5930	Email	ltreannie@mbbp.com

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Kerslin Danowski, Shire Orphan Therapies GmbH		
Date	26.01.2012	Telephone	1004930206582005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 1 forms are submitted.